

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36044**

BIRTH NO.		REG. DIST. NO. <b>10</b>		PRIMARY REG. DIST. NO. <b>3002</b>		Registrar's No. <b>206</b>	
1. PLACE OF DEATH a. COUNTY <b>Andrew</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Monroe</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>?</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stoutsville, Mo. RR 1</b>		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>521 W. Love St. Alex. Univ.</b>				d. STREET ADDRESS (If rural, give location) <b>R.R.</b>			
3. NAME OF DECEASED (Type or Print) <b>Snoda</b>		a. (First)		b. (Middle) <b>May</b>		c. (Last) <b>Buffington</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>3-14-1877</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Terre Haute, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jack Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Shores</b>		14. NAME OF HUSBAND OR WIFE <b>Delph Buffington</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary C. Loney</b> ADDRESS <b>521 W. Love</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>malignant hypertension</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic glomerulonephritis</b> DUE TO (c) <b>uremic coma</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>diabetes mellitus</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b> <b>6 months</b> <b>1 week</b> <b>years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>592X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 4, 1950</b> , to <b>Nov 17, 1950</b> , that I last saw the deceased alive on <b>Mar 17, 1950</b> , and that death occurred at <b>6:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Ernest Dierine MD</b> (Degree or title)				23b. ADDRESS <b>Van Buren, Mo.</b>		23c. DATE SIGNED <b>11/18/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Nov. 14/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shanterville</b>		24d. LOCATION (City, town, or county) (State) <b>Shanterville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Nov 19-1950</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. C. Thompson</b> ADDRESS <b>Shanterville Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 28 1950  
Date Received:  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-2021  
Date Filed: NOV 29 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Mrs. Fred A. Thompson*

Signed.....

Student Embalmer

Licensed Embalmer No. 3282

P. O. Address *Madison, Wis.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.